

TRANSMITTAL: 83  
DATE: 06/08/2005  
TRICARE CHANGE#: N/A

## CHAMPVA POLICY MANUAL

CHAPTER: 2  
SECTION: 26.3  
TITLE: CT (COMPUTERIZED TOMOGRAPHY)

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AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(e)(14)

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### I. EFFECTIVE DATE

- A. June 4, 1984, for standard CT (Computerized Tomography) scans.
- B. January 1, 1997, for helical CT scans for acute appendicitis.

### II. PROCEDURE CODE(S)

70450-70498, 71250-71275, 72125-72133, 72191-72194, 73200-73206, 73700-73706, 74150-74175, 75635, 75989, 76013, 76070 and 76355-76380.

### III. DESCRIPTION

**CT** (Computerized Tomography) records reduces **X**-ray transmissions through the body and, utilizing a mini-computer, reconstructs a graphic image of a tomographic "slice" of a body area with marked anatomical detail.

### IV. POLICY

Medically necessary CT scans of the head and body are covered when all of the following criteria are met:

1. A physician refers the patient for the diagnostic procedure.
2. The CT scan procedure is consistent with the preliminary diagnosis or symptoms.
3. Other noninvasive and less costly means of diagnosis has been attempted or are not appropriate.
4. The CT scan equipment is licensed or registered by the appropriate state agency responsible for licensing or registering medical equipment which emits ionizing radiation.

5. The CT scan equipment is operated under the general supervision of a physician.

6. A physician interprets the results of the CT scan diagnostic procedure.

## **V. POLICY CONSIDERATIONS**

A. General. Claims for CT scans must be carefully reviewed to determine that the CT scan was medically appropriate considering the patient's symptoms and preliminary diagnosis. If there is any question as to the appropriateness of a CT scan, the attending physician should be asked to document the medical necessity.

B. Primary diagnostic tool for some conditions. CT scans have become a primary diagnostic tool for many conditions and symptoms making other noninvasive and less costly means of diagnosis not appropriate. In those cases where a CT scan is an appropriate primary diagnostic tool, it is not necessary to request information on the results of other noninvasive testing. CT scans may be considered a primary diagnostic modality for evaluation of the following conditions:

1. Brain tumors
2. Brain hemorrhage
3. Severe head trauma
4. Undiagnosed coma in children
5. Progressive focal neurological signs in children
6. Megalocephaly

C. CT scans in the evaluation of headaches. CT scan is not indicated in the evaluation of uncomplicated, minor headache when it presents as an isolated symptom. CT scan may be indicated in the following situations:

1. Evaluation of headache that is intractable, unresponsive to medical management, or has changed in character.
2. Evaluation of headache when it is associated with neurological signs or symptoms, or abnormal laboratory findings.
3. An acute or chronic headache when it is associated with a history of prior trauma, prior malignancy or a significant family history of neurological disease which might be associated with structural causes for headache, such as neurofibromatosis, or tuberous sclerosis.

D. CT scans in the evaluation of cerebrovascular disease. CT scan may be indicated in suspected cerebrovascular disease when uncertainty exists in the differential diagnosis of cerebral infarction, cerebral hemorrhage or cerebral ischemia.

E. CT scans in the evaluation of dementia. CT scan may be indicated in patients with dementia that is associated with neurological signs or symptoms, such as loss of intellectual function of recent onset or which follows a rapidly progressive course.

F. CT scans in evaluation of newborn. If ultrasound is not available, CT scan may then be used as a primary diagnostic tool in evaluating intracranial disease prior to the closure of the anterior fontanel. CT scan frequently compliments ultrasound in refining diagnosis or in defining some parenchymal diseases such as peripheral hemorrhages not seen on ultrasound. CT scan is indicated, after the fontanel has closed, in the evaluation of suspected intracranial disease in infants and children (see Chapter 2, Section 26.14, Ultrasound (General)).

G. CT scans in the pediatric patient. CT scan may be indicated in a pediatric patient with significant pertinent historical, physical, neurological, or laboratory data indicating the presence of intracranial disease. Clinical conditions include the following situations:

1. Intracranial congenital abnormalities with or without associated somatic syndromes
2. Disorders of growth and development
3. Abnormalities of head size
4. Mental retardation, seizures, head trauma, and chronic headaches, particularly when there are additional significant clinical findings.

H. Mobile units. CT scans performed by mobile units are subject to the same coverage requirements applicable to scans performed by stationary units.

I. Not necessary to review on a claim-by-claim basis. To monitor and enforce these criteria on a claim-by-claim basis is unrealistic. The Health Administration Center (HAC) should look for utilization patterns over time on a post-payment basis.

J. Helical (spiral) CT scans, with or without contrast enhancement, are covered for the diagnosis of acute appendicitis.

K. EBCT (Electronic Beam Computed Tomography) to diagnose CAD (Coronary Artery Disease) as follows:

1. For patients in whom conventional noninvasive cardiac testing has yielded an unexpected negative result or cannot be adequately performed.

2. For patients with acute chest pain but no other evidence of cardiac disease, when results would be used to determine the need for further testing or observation.

## **VI. EXCLUSIONS**

A. CT or Ultrafast (Electronic Beam Tomography) scanning for asymptomatic patients in assessment of quantification of coronary calcification.

B. CT or Ultrafast scanning for preventive screenings.

C. EBCT to diagnose CAD:

a. For asymptomatic individuals without known risk for CAD

b. For individuals with angiographically confirmed CAD

c. As a screening test for preclinical CAD in asymptomatic individuals with traditional risk factors for CAD when results would be used to determine the need for preventive therapy.

D. Multislice Spiral CT for detection and evaluation of CAD for the following:

a. For use as a screening test for CAD in healthy individuals or in asymptomatic patients who have one or more traditional risk factors for CAD

b. For monitoring coronary artery stenosis activity in patients with angiographically confirmed CAD

c. For evaluating graft patency in individuals who have undergone revascularization procedures

E. Helical CT for assessment of coronary calcification.

**\*END OF POLICY\***